ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LT		12 3
O.I.P.E. CLASSIFIER		-	12-2-95
FORMALITY REVIEW	Min	7/600	1-4-00
RESPONSE FORMALITY REVIEW	_/	1164	1-11-00

INDEX OF CLAIMS

~	Rejected	N Non-ele	cted
	Allowed	IInterfere	
	(Through numeral) Canceled	A Appeal	
÷	Restricted	O Objected	

	÷	Restricted	0	Objected	I
Claim	Date	Claim	Date	Claim	Date
Final		Final Original		Final Original	
1),		51		101	
3		52		102	
4		53		103	
5		54		104	
6		56		105	
7		57		106	
8		58		108	
9		59		109	
10		60		110	
11 12	++++	61		111	
13		62		112	
14 🗸	++++	63		113	
15	++++	64	++++	114	
16 =	 	66		115	
	 	67	+ + + + + + + + + + + + + + + + + + + +	116	
18		68		117	
19		69		119	
20 0		70		120	╼┼┼┼┼┼┼
21		71	 	121	
22		72		122	++
23		73		123	
24	+	74		124	++++
25 0		75		125	
26 0		76		126	
28	++++	77	- - - - - 	127	
29	╎╸ ┤╸┤╶┼╌┤	78	++++	128	
30	1 	80	+	129	
31	 	81	 	130	
32		82	 	131	++
33)		83		133	++++++
34)		84		134	+ - - - - - - - -
35 🗸		85		135	+
37		86		136	+
38		87		137	
39		88		138	
40		89	++++	139	
41	 	90	++++	140	
42	┝╌┼╌┼╌┼╌┤	91	+++++	141	
43		92 93	++++	142	
44	- - - - - - 	94	+	143	++
45		95	 	144	
46		96	 	145	
47		97	 	147	
48		98	 	148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here

